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Original Communications.

Death from Epistaxis.

By W. H. TRIPLETT, M. D.,
Of Woodstock, Va.

William Moore, colored, aged 55; had severe hemorrhage from the nose, flowing as near as I could tell from the superior meatus of the right nares. He had bled upwards of an hour, and lost perhaps forty ounces of blood. He had had similar attacks at intervals of a week, and in this respect observed a kind of periodicity; found his pulse soft, full, and a little frequent, but no symptom indicative of undue turgescence of the blood vessels of the brain save a slight feeling of uneasiness referred to the region of the frontal sinus; was very weak, presenting that leaden and ashy aspect so significant in the black of great prostration.

From the symptoms given, it would have been impossible to have adduced a correct pathology however anxious we may have been, or laudable the undertaking; but this we conceive was not then within our immediate province, since if it had been the result of either organic change in the great central organ of the circulation, or its mere functional derangement from the reflux of blood by pulmonary tubercular deposit, or of some profound fault of the encephalic mass, or still yet a symptom of a hæmorrhagic diathesis, the indication remained ever the same, viz: to stop the flow; for if at first a symptom only, it had now in itself become a disease, and demanded prompt and efficient aid. Treatment:—recumbent posture, the patient resting on his right side with head raised on several pillows, and inclined to the prone position. Two cathartic

pills were then given, cold being applied to his head at first by means of a constant stream of cold water, but as it inconvenienced the patient too much, pounded ice was substituted.

This treatment began at 10 A. M.; at 1 P. M. had several motions, but was not much improved, having lost near an additional pint of blood. Seeing that there was not much prospect of a cessation of the flow, the local and constitutional treatment began in earnest; and the most vigorous prosecution of the former served to convince me of the futility of all the efforts made by varied local applications to check the hæmorrhage in at least one of the morbid conditions of the pituitary membrane. What the peculiar nature of this change is I cannot say; but suffice it that the most powerful styptics, save the actual cautery itself, were applied in vain to arrest the hemorrhage. I ran down the list of astringents that were used, and have a world-wide renown, not with a feeling of exaltation and pride, but with a sense of deep humiliation at the frequent puerility of our best efforts and worthlessness of our best agents: alum, tannin, acetate of lead, chloride of iron, creasote, sulphuric acid, and tinct. of iodine. These were used in the order that you find them, in nearly all their grades of solution and dilution, but with no other effect than to disgust and nauseate the patient, and the forming of a firm resolve on my part to use them no more in the case.

Dissatisfied with all the measures I had taken, I had to resort to plugging in the hopes of damming up the blood, and producing a coagulum; but after having firmly fixed a plug of soft surgeons sponge soaked in a strong solution of alum, in the posterior nares, and a similar one in front, had the mortifica-

tion of presently seeing the blood welling out around the whole border of the anterior plug or tampon though filling the nostrils even to strong distension.

All this time was not thrown away on the local treatment, the patient having taken two grains acetate of lead every hour. The question now arose, what was *next* to be done, and I concluded to let him alone for several hours, and notice what effect the lead would have. At nightfall I ordered the following, plumbi acetat, gr. ij, opii pulv. gr. j. to be taken every hour until he should fall asleep, at the same time cautioning the attendants to keep him in the position in which I had first placed him. The next morning to my great astonishment I found him propped up in bed and gnawing at a piece of boiled ham; all hæmorrhage had ceased; he had slept much during the night, and his pulse from the feeble and rapid stroke, began in the evening to beat much fuller and stronger, and with the regularity that plainly showed his system much recuperated. When I noticed the effort he was making, I directed him to be laid down and soups to be given; but with the mulish petulance which sometimes obtrudes itself to defeat our best efforts, he declared—"I am hungry and must have something to eat now." Believing some accident would befall him, and not wishing to abandon him to his fate, which I was strongly tempted to do, I sat down a few moments, and presently saw two small streams of blood issuing from both nares, and trickling down the upper lip, at first slow, then fast, and faster until it became a little rapid current of very pale and attenuated blood. From this second attack he never recovered but gradually sank until death overtook him, four days afterward.

It was interesting to notice how rapidly the blood became robbed of its red corpuscles; on the second and third day scarcely staining the cloth that caught it, and closely resembling the liquor sanguinis.

Connected with this history is an important feature, than which I know of no other that would have established the pathology of this disorder, viz: the formation of petechiæ in

the cavity of the mouth and the oozing of a small quantity of blood from its walls, which when the mouth was kept open for some time dotted its sides here and there like beads. There were four or five petechiæ, one at the base of the tongue near the frænum, and the others scattered over the hard and soft palate. I considered that the pathological condition in this case, predisposing to hemorrhage, was *purpura hemorrhagica*:

Exsection of Middle Third of Fibula.

Reported by O. H. YOUNG, M. D., House Surgeon to Albany City Hospital.

June 5, 1859. Admitted into Albany City Hospital, John Kane, aged 45 years, during the term of Dr. Swinburne's surgical attendance.

Previous History.—Patient has always enjoyed robust health until five years ago, when, without any assignable cause, he began to be annoyed by deep seated pain in the right leg, with exacerbations at night, and otherwise presenting the characteristics of acute periostitis. On inquiry, no venereal taint can be satisfactorily detected, although reasonably suspected. The pain continued, accompanied by swelling and difficulty in walking. It cannot be ascertained that any treatment was pursued at the time, beyond poulticing and other domestic appliances.

Fifteen months ago the swelling and inflammation culminated in a small abscess, which, in due time, opened spontaneously at the seat of the pain, about the middle of the fibula, leaving a fistulous ulcer. This closed up, from time to time, when the pain would become more severe, until exit was given to the accumulated pus by incisions.

Eight months ago, patient presented himself at the clinic of the Albany Medical College, and on examination, caries of the fibula was diagnosed. A free incision was made through the fistulous ulcer and beyond its limits above and below, and the bone found to be denuded of periosteum, and rough and carious. The diseased portion was carefully scraped away with suitable instruments, and poultices ordered.

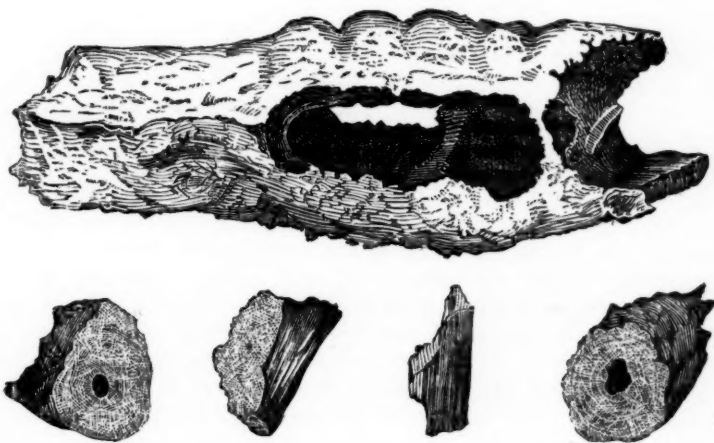
This operation procured great temporary relief, but in a few weeks the pain returned. The wound partially healed, but several fistulas remained, from which fetid pus continued to escape, giving rise to constitutional irritation, debility, and in general, all the symptoms usually attending local irritations of this kind, and a protracted drain upon the system.

Present Condition.—Patient is now rather feeble and irritable, has but little appetite, and is restless at night. The leg is much swollen and inflamed, and perforated for about three inches in extent, by several fistulous openings, whence fetid and carious pus is constantly oozing. On introducing the probe the bone is felt denuded, roughened and carious, with a large perforation extending completely through its body. Ordered full diet, and poultices to the leg.

June 8. Patient was rendered fully unconscious by chloroform, and Dr. Swinburne proceeded to operate by making an incision upon the bone, about six inches in extent, and

crossed above by another of about three inches, in the form of a T. The peroneal muscles and interosseous ligament were then dissected off, and the trephine applied above and below the diseased portion, thus separating, with the aid of powerful bone-forceps, a section of the fibula measuring four and a half inches in length, including the buttons removed by the trephine, three inches in circumference at one, and three and a quarter at the other extremity. This portion of the bone is represented in the accompanying plate, and is entirely perforated in its centre, and greatly enlarged, roughened and hardened by disease, rendering the use of the trephine a very laborious task.

Very little blood was lost; two small branches of the peroneal artery were ligated, and three sutures introduced, so as to convert the wound from the T shape, into a straight incision. This was then filled with lint, patient put to bed, a large poultice applied over the whole leg, and anodynes administered, sufficient to procure composure.



June 9. Patient rested quite well last night. This morning a strong lateral splint, with foot-piece, was applied along the inside of the leg, and secured by bandaging, so as to leave the wound exposed. Fresh poultices applied twice a day.

June 10. Wound thoroughly cleansed and fresh lint applied. Continue poultices.

June 12. Wound has united by first intention for about two inches at its upper limit. Sutures all removed. Lint and poultice.

June 13. Healthy pus secreted in fair quantities. Ligatures loose, and wound filling up with healthy granulations.

June 19. Poultice discontinued. The edges

are now approximated with adhesive plaster, and a roller applied snugly along the entire foot and leg. Wound granulating beautifully at the bottom, and healthy pus discharging freely.

June 29. Splint left off. Wound dressed with adhesive strips and bandage, and rapidly closing.

July 12. Wound all healed but a portion about two inches long and half an inch wide. Dressed as before. Patient walks about quite easily with the aid of a cane and crutch.

July 20. Patient removed to the county hospital. Walks without assistance. Has no pain whatever in the leg. The wound has nearly healed.

August 8. Patient presented himself at the Dispensary. On examining the leg, it is found to be all healed with the exception of a portion about an inch in extent, which is not yet covered with skin. No fistulous opening can be found in this ulcer, and it is more than probable that in a week the remaining ulcer will be covered with cuticle. Patient is hearty and strong, sleeps well at night, has a good appetite, is entirely free from pain, and walks with much less halt than would be anticipated so soon after the operation.

Another Case of Eclampsia.

By W. JOHNSON, M. D.,

Of White House, N. J.

The last issue of the REPORTER contains a couple of very interesting cases of eclampsia. I have thought that the following case also possesses sufficient interest for insertion. It is taken from my case book.

August 4th, 1858. I was requested to meet my son, Dr. Thomas Johnson, in consultation, at the house of C. L. My son was called very early in the morning to visit Mrs. L., aged about 20, in a severe attack of eclampsia. She has approached within three weeks of her expected accouchment. She had complained of head ache for some days, and her mother-in-law requested her to have medical aid called in, but she declined her offer. She had had one or two fits when my son first saw her.

He had bled her to the amount of about 84 ounces, and, I think, with marked benefit. Two hours had elapsed since her last fit. Her pulse was 100 per minute, and possessed considerable firmness. She appeared to have but very little consciousness, but could be aroused from her stupor by loud speaking. She has enjoyed good health previous to this attack; the case is *primi para*. Her face is rather palid. Soon after my arrival I made an examination per vaginam, and found the os uteri open to the extent of about two inches. The membranes were tense during pain; the intervals, however, between the pains, were considerable. I had not been long in the house before she had another fit, making nine in all. Her head was drawn strongly towards her right shoulder, but the muscles of the face were not so much distorted; her eyes were turned up into their sockets; but there was no "cat spitting;" the muscles of the lower jaw were very firmly closed. The duration of the fit was a few minutes. The pulse seemed firm enough to warrant the abstraction of more blood, and we had actually tied up the arm with the view of drawing off more, but before we could get the blood to start again from the orifice already made, the patient's face became so livid, that we removed the bandage and abandoned the project. We now gave her ten grains of calomel, and a stimulating enema of salt and molasses and water. Cold water had been freely applied to her head, and was still continued. This fit passed off, and her color gradually returned; her face was no ways flushed, however. I advised my son to give her the one-sixth of a grain of morphia, and repeat every two hours until she should have taken three doses. I advised, also, a few doses of ext. valerian and assafœtida to be given, as circumstances should indicate. I left my forceps with my son, and advised him to apply them as soon as practicable. The contortions of the patient's body, from labor pain, even when the fits were off, rendered the operation somewhat difficult.

I remained about two hours, and left the patient in the care of my son.

5th. My son informed me this afternoon

that the patient was not delivered until after one o'clock in the morning, and that then he applied the forceps without any difficulty. The child did not die until after its exit from the womb.

The patient had twenty-eight fits altogether. She had had about ten fits when I left. The ten grains of calomel given at noon, when I saw her, with the enema, had operated with much violence. My son gave her two or three doses of the sulph. morph., also, a few doses of t. assafoet. The patient was feeble when my son left her. She possessed a little consciousness; had not spoken, but had taken some liquid nourishment which had been offered her. She can turn herself in bed, and can be aroused, but soon dozes again. Pulse stands at 100. She had no more fits after delivery.

9th. My son informed me to-day that the patient did not awake to perfect consciousness until after the lapse of nearly twenty-four hours. One of her first inquiries was, "What day of the week is it?" and on being told, observed, "Then I have slept two days, and wash day has passed by." The pulse to-day is 120. Its frequency may be owing both to debility and to the irritation produced by the distended state of the breasts. Mammary secretion is abundant. The tongue is clean, and appetite good. There is no mental aberration present.

I ought to have stated before this, that the 84 ounces of blood which was drawn from the arm of the patient was taken at a single bleeding. It took this quantity of blood to produce decided systemic impression. Such a large spoilation of blood at one time I conceive would not often be indicated. It here, however, saved the patient's brain from fatal injury, and obviated the danger which would otherwise have resulted from so many convulsions.

12th. Still improving.

25th. Patient has recovered. She knows nothing yet of having had convulsions.

See the prospectus of the THIRD VOLUME OF THE REPORTER, in our advertising department.

Rebiews and Book Notices.

A SYSTEM OF SURGERY; PATHOLOGICAL, DIAGNOSTIC, THERAPEUTIC, AND OPERATIVE. By SAMUEL D. GROSS, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc. Illustrated by nine hundred and thirty-six engravings. In two volumes. Philadelphia: Blanchard and Lea. Price \$12.

When this work was announced as forthcoming, we acknowledge having felt at once a pre-judgment in its favor. If, thought we, a profound surgeon and an experienced practitioner, an elegant writer, and famed teacher, who during a longer time than is allotted to one human generation, has been favorably known in surgical literature, cannot make a good book, *who can?* Such an author, thus appraised, needs no apology for fixing in an indelible form, and presenting to the world his version of a subject on which the toil of a life time has been bestowed, and the present work needs but the heralding of his name with it to introduce it favorably wherever surgical literature is appreciated.

When the two ponderous tomes were placed on our table, and we turned over their bright pages, and fresh-looking illustrations, and recognized the vigorous and generally concise style of the author, we felt that our favorable anticipations were to be more than verified.

As to the need of such a work; it may be assumed that one which presents qualities superior to any one which has preceded it, is always needed. Comprehensiveness has evidently been one of the great objects of the author, and his profound knowledge of surgical literature has facilitated him in perfecting the work as a great compendium of surgery. He says in his preface:—"The object of this work is to furnish a systematic and comprehensive treatise on the science and practice of surgery, considered in the broadest sense; one that shall serve the practitioner as a faithful and available guide in his daily routine of duty. It has been too much the custom of modern writers on this department of the healing art to omit certain topics altogether, and to speak of others at undue length, evidently assuming that their readers could readily supply the deficiencies from other sources, or that what has been thus slighted is of no practical value. My aim has been to embrace the whole domain of surgery, and to allot to every subject its legitimate claim to notice in the great family of external diseases and accidents."

The author also states boldly, that "there is no topic properly appertaining to surgery, that will not be found to be discussed, to a greater or less extent, in these volumes." To have accomplished what is thus asserted, it will, we believe, be admitted that even in the profusion of recent surgical works, the scattered state of surgical literature, particularly of that which is claimed as American, will make the present work needed. Such comprehensiveness necessarily required a very extended space, but it will be found that notwithstanding the voluminous character of the work, it is really a condensation, and certainly free from verbosity.

To allot to each subject a space commensurate with its importance is, in these days of medical hobby-riding, a consummation not generally attained, though in running through the pages of these volumes we have not detected the partialities of the author.

Like all human undertakings, human imperfections attend it, and though its general reception will be that which is accorded to the installing of a standard work in its proper place, yet its magnitude will make it a target, which at some part, may be hit by the veriest bungler who levels his pen at it. It may, Achilles like, present an impenetrable front and still be vulnerable in some remote and little important region; or unlike Hudibras' doublet, it may be "sword, yet" not "cudgel-proof."

The book presents a magnificent appearance in the mechanical execution. Its illustrations, nine hundred and thirty-six in number, of which nearly four hundred are original, greatly add to its practical character.

A work which is the record of the personal experience and an exponent of the views of one of the most distinguished surgeons of this country, will necessarily excite the attention of the profession, and we think that its intrinsic merits will sustain the pre-eminent reputation of the author.

WHAT MAY BE LEARNED FROM A TREE. BY HALLAND COULTAS, author of "Organic Life the same in Animals as in Plants," etc., etc. Parts 3 and 4.

These numbers complete this entertaining and instructive work. The whole forms a neat octavo of about 200 pages. It is a book which we commend, not merely to all students of botany, but to those (we believe them to be many) who have turned lovingly to the study

of plants, and who, unaided by experienced teachers, have drawn back appalled at the ponderous and unwieldy nosology with which this, like the other natural sciences, is encumbered.

This work is a successful effort to present in a popular form some of the profoundest botanical truths. There is no part of it which would not readily be comprehended by any intelligent reader. Such books, we cannot but believe, do good. We are not among those who object to all attempts to popularize science. Such efforts, if loyally and lovingly made, can lead to nothing but good. We know well that there is no royal road to the acquirement of scientific truth. Years of study, of conscientious self-devotion and of patient labor, are the price paid by all who would enter the penetralia of any science, and botany is no exception to the rule.

But it is not the least value of works such as this, that, while capable of enlarging the understanding and improving the intellect of the general reader, they address themselves in the most encouraging manner to the young, revealing, through the gloomy gates of the temple of science, cool retreats and pleasant vistas beyond, whose promise of calm æsthetic enjoyment is rich enough to tempt the devotion of a life. Doubtless many a thought in this book will fall in fertile soil, and spring up and bear fruit an hundred fold.

But while these appear the chief merits of the work, there are some ideas expressed, well worthy the ripe consideration of the more advanced botanist. Such, for example, is the leading notion in chapter vii., which is thus headed:

"The leaf with the entire edge is alone to be regarded as a simple leaf. The leaf takes a higher form of organization, and becomes compound in proportion to the development of the fibrous portion of its lamina. All the irregularities of its margin, such as lobes, teeth, crevatures, serratures, result from an effort at new leaflet formation, arrested in its first stages."

The work may be obtained of John Alexander, No. 52 south Fourth street, Philadelphia. Price, complete \$1.00; each of the four parts 25 cents.

The total loss in killed and wounded in the late Italian campaign was, of the Allies, *twenty-four thousand three hundred and fifty*; of the Austrians, *thirty-eight thousand six hundred and fifty*.

Editorial.

The original plan of the REPORTER, in its weekly form, as announced in our first Prospectus, included the regular receipt of communications on matters of interest to the profession from all parts of the country, with special reference to Hospital and Medical Society Reports from the more important cities. In accordance with this plan, we have effected arrangements with competent persons in New York and New Orleans, who will furnish us with whatever of interest may transpire in those cities. The communications will not be mere gossiping letters of no permanent value, but will aim to give information of general interest and value to the profession, and they will be more or less elaborate, according to circumstances.

We have the pleasure of presenting in this number the first of the series from New York. Our numerous subscribers in that State, and throughout New England, as well as in other parts of the country, will, we doubt not, be glad to hear, through our columns, of the sayings and doings of the many ornaments of their profession who fill the Hospital and College appointments of that city. The material furnished by our correspondent there will not always appear as in this number, as a formal letter, but the subjects will be placed under their appropriate heads—as “Illustrations of Hospital Practice,” “Medical Society Reports,” etc.

These arrangements involve us in a good deal of expense, which, however, we cheerfully assume that we may render our work still more valuable and interesting to our subscribers, and we trust that our efforts will stimulate the friends that we have already made to renewed exertions to circulate the REPORTER in their respective neighborhoods.

To accommodate the increasing demands on our columns, we shall, from the commencement of the third volume, on the first of October, increase the size of the REPORTER by several pages. It is our purpose to keep up each department of the work with vigor, so

that *all classes* of professional readers will find in its pages something that will be interesting and profitable. It will be observed that the REPORTER is, from week to week, made the vehicle of many communications of interest and value, and we trust that we shall continue to receive from all parts of the country, short, practical articles in the different departments of medicine and surgery, and on other topics of general interest to the profession.

Correspondence.

New York, September 5th, 1859.

If I venture to correspond with so valuable, and so extensively circulated a journal, as yours, I do it with no misgivings regarding the abundance of material, but rather with a fear of my inability to control it. You cannot expect a correspondent always to furnish original ideas and entirely new matter. Scientific facts, however, are like coins; when they grow old, they become effaced from much use, so that we cannot oftentimes determine their value, and are obliged to send them to the mint to be re-cast. And thus I will be content, to act as an humble hand in the great legitimate mint of science, rather than fabricate by closed shutters and the midnight lamp “*original counterfeits*,” and I trust that you will find in my re-castings the “ring of the true metal.”

THE CROTON WATER.

The Croton water excitement has fairly subsided. But I cannot join the occasionally sneering remarks of some, in and out of the profession of this city and elsewhere, who pronounce it as the last sensation, or the “latest humbug.” I am convinced, that those in *this city*, who decry it as such, are possessed of that fortunate (!) aversion against water, which renders them capable of going without it for an unlimited period of time, and thus placed them *beyond* the necessity of risking its effects.

The taste of the water was really *abominable*; and neither the articles of sensation-reporters, nor the cries of professional or non-professional “panic-makers,” were needed to alarm a populace, like that of New York, or of any other city, where the thing might have occurred. It needed but a taste of the water to convince every man, woman and child that

something was wrong, and every one knows, that the idea of disease is very closely associated in the public mind with foul odors, and things generally obnoxious to the senses. Hence these remarks of self-complacent ridicule, now, when the danger has passed, come rather *post festum*, analogous somewhat to the explanatory epistles of foreign correspondents on the peace at Villafranca, which a week before they had all declared impossible!

The bad condition of the water was thought by some to be owing to the *high*—and by others to the *low* water-mark of the river; both theories coinciding however, in the supposition, that the water had stricken beds of decaying vegetable matter which communicated the marshy, swampy taste. This could not be reconciled with the fact, that in former years the Croton had often reached the same water marks, and stricken soil of the same nature, as during the present year, without producing any unpleasant effects. All doubts however as to the nature of the evil, were dissipated by the investigation of Dr. Torrey, whose authority in such matters will not be doubted even by the skeptic. From his examinations it is evident, that the whole difficulty was caused by the “rapid and abundant growth of a microscopic, conferva-like plant, which abounds in a volatile odoriferous principle, soluble to some extent in water.” In reference to the origin of these little filaments the venerable *savant*, has not yet satisfied himself; they may be the entire plant, or may once have constituted part of a more complex algæ. “They are—he continues—more minute, than in any true conferva known to me, being only 2,500th to 2,000th of an inch in diameter and from a 50th to the 20th of an inch long. I strongly suspect, that they are derived from a species of the genus *Nostoc* of botanists. The genus usually consists of a globular or oblong vesicle, from the size of a buck-shot to the bigness of a plumb, and filled with mucus, which is loaded with minute bead-like filaments. When the little bladders burst, the contents escape, the mucus dissolves in the water, and the filaments are set free. Sometimes the waters of small lakes are filled with these small bladders of *Nostoc*.”

The occurrence of this plant at this season, and the reason why it has not been noticed before, is ascribed by Dr. Torrey to the fact, that “even in high orders of plants, it is a common circumstance for a particular species to abound at one time, and then almost disappear for years; and in the lower vegetable

tribes, especially those which inhabit the water, is this strikingly the case;” while on the other hand, “the present summer has been unusually favorable to vegetation of all kinds.”

The doctor’s prognostic is against the longevity of the plant which has given us so much trouble, and he prophesies its speedy disappearance, and probable non-recurrence.

INTRA-UTERINE AMPUTATION.

Apropos of the case of probable spontaneous intra-uterine amputation, reported by Dr. Zeigler, in one of your last numbers. A remarkable instance of this quite rare accident was shown to the class at the surgical clinic of the College of Physicians and Surgeons, on Monday, August 29th, by Dr. Markoe. I am indebted to a friend for the following note:

The patient was a child about ten months of age. It was brought to the clinic to be operated upon for club foot. Before operating, Dr. M. called the attention of the class to a remarkably deep furrow, situated just below the knee-joint of the left leg, extending down to the bone, the latter being covered only by integument. The fingers of the left hand were fused together in such a manner as to completely prevent lateral motion, while direct flexion and extension of the fingers conjointly, was not interfered with. The great toe of the right foot was completely amputated, nothing being left but a little rounded projection about the size of a pea to mark the spot where the toe should have been developed. Around the left thigh another furrow, i. e. another attempt at spontaneous amputation was found, differing from the one below the knee only in depth. The doctor remarked that the interest of the case consisted more in the explanation of the cause, than any practical treatment.

Some authors have endeavored to account for this class of malformations by the winding of the cord around the various parts, but *this* case almost excludes the theory. How the cord could have been wound around the left leg, the left thigh, the great toe of the right foot, and the left hand, is somewhat difficult to explain.

In connection with this subject, I am not aware that the curious case of intra-uterine amputation, consequent upon intra-uterine fracture, reported by Prof. Martin of Jena, has ever been referred to in any of our American journals. In a letter of Prof. M., published in the *Gazette Hebdomadaire* of May 28th, 1858, the case is related as follows:

“J. L. Oswald, born of parents in good cir-

cumstances and health, presented at the moment of his birth an absence of the left arm; labor had been normal. According to the statement of the physician, who had been called soon after, the stump, comprising a little more than the half of the arm, presented at the lower extremity a cicatrix of reddish-brown color, moist, but neither bloody nor suppurating; the bone formed a little projection below. The child was otherwise well-formed. [Here follows the treatment.]

The portion separated from the upper extremity was expelled with the placenta, very soon after the birth of the child; it comprised almost three-quarters of an inch of the inferior extremity of the humerus, and the whole of the forearm and hand. The skin covering it was wrinkled, as if it had previously undergone considerable distension, and of a brownish-green; the fingers presented well developed nails. Incisions made into the arm and forearm on various occasions, showed the subcutaneous cellular tissue infiltrated with blood, thickened and hardened; this could not be observed in the palm of the hand; otherwise there was no deformity of the limb, which appeared to be that of a fœtus of eight or nine months. At the amputated extremity, the skin was inverted toward the centre, and fused with a dense, homogenous substance, which united the subjacent tissues; in the centre of the amputated surface, the humerus projected about a line; its end presenting a *jagged appearance*.

The mother, wife of a farmer, thirty-three years of age, who had previously given birth to several well-formed children, related, that eight weeks before her confinement she had fallen down a ladder; that on this occasion she had lost her consciousness, and hence did not know whether or not the distended abdomen had in the fall struck the ground. During the first few days following the accident she lost blood, and from time to time afterwards bloody water from the vagina. The motions of the child continued however to be felt, and notwithstanding the prolonged pain which she suffered after the accident, her general health remained good, and labor took place regularly. The data furnished by the mother, lead to the supposition that the child presented in the second position of the head, with the left arm forward. From these facts, Prof. M. concludes: 1. That the fall of the mother produced a fracture of the humerus of the fœtus. 2. That this fracture was the cause of the spontaneous amputation."

There can hardly be a just doubt as to the correctness of Prof. Martin's conclusions, and hence it seems to me probable that, while the winding of the cord around the limb may produce intra-uterine amputation, yet, as the first case to which I referred shows, this cannot explain the accident in every instance; while the case of Prof. M. conclusively proves that fracture may produce it. Thus, a variety of causes, not yet sufficiently elucidated, must be considered as concerned in various cases of this accident.

LARVÆ DEVELOPED IN THE NASAL FOSSÆ.

Has ever a case of "*Larvæ of insects developed in the frontal sinus and the nasal fossæ*" fallen under your notice? Under this, or a somewhat similar title, M. Coquerel¹ contributes a paper in the *Archives Générales de Médecine*, respecting a curious disease, quite prevalent and fatal in *Cayenne*, and which from the facts furnished to him by Drs. St. Pair and Chapins, we must conclude to be another of those forcible illustrations to the French exiles there, of the fact, that "*L'Empire c'est la paix*."

The course of the disease presented great uniformity in the five cases, the details of which are furnished in M. C.'s paper. At first the patients experience a disagreeable itching in the nasal fossæ, afterwards intense sub-orbital headache; soon an œdematous swelling of the nasal region sets in, which extends more or less over the face; after this, copious and frequent epistaxis occurs. The sub-orbital pain becomes more violent; one of the patients described it, as if he had received a blow with an iron bar over the parts. A certain quantity of larvæ are discharged through the orifice of the nasal fossæ, or through ulcerations or abscesses which form over the nose; there have been remarked almost 300 larvæ to discharge each day. The nasal bones become necrosed, denuded, and escape. Grave general symptoms, a violent inflammatory reaction, agitation and great

¹ I like this simple, off-hand way of the French, when they call each other simply "*Monsieur*" without dragging half the alphabet strung together like the joints of a kite-tail behind them, and have often been amused when reading in French journals of what simple Monsieur Velpeau, or Mons. Cl. Bernard, or Mons. Tardieu said of some absurdity of some insignificant "*M. R. C. S. L., L. S. A., Fellow of the Roy. Med. Chir. Soc., etc., etc.*" (an appendage to a name on the title page of a little book of 121 pages,) not to cross the Atlantic for an illustration.

difficulty of respiration occur. The inflammation may extend to the hairy scalp and the cerebral membranes, and the patients succumb under delirium and coma. In the most favorable cases the cure is not effected without more or less loss of substance, and cicatrization deforms the nasal region to a greater or less extent. In one case gangrene of the pharynx and the nasal fossæ resulted from the development of larvæ in these cavities.

These larvæ develop themselves also in the auditory canal or in the angles of the eye, and they attack Europeans transported to Cayenne not more readily than the natives. On autopsy they are found incrustated as it were in the nasal fossæ, and in the frontal and maxillary sinuses.

The fatality of the disease is very great; out of six cases, five have proved fatal. It has been combatted by injections; but although a great number of larvæ may in this way be removed, those which have penetrated into the sinus cannot be reached, because the swollen mucous membrane soon obliterates or occludes the orifices, through which they communicate with the nasal fossæ. Supposing even, that the physician succeeds in destroying them by injections of sublimate or hypochlorites, it is probable that some of them remain engaged in the folds of the mucous membrane, and become, when putrefying, the cause of new accidents. The operation of trephining is hence indicated; it permits the physician to wash out all the recesses of the sinus by abundant injections, and thus the formidable accidents, which menace the life of the patients, can be prevented.

The larvæ, the development of which has been the source of such a shocking affection, arise evidently from ova, deposited into the entrance of the nasal fossa, though none of the patients had directly noticed the fact; but one of the transported men had succeeded in catching a fly, that had found its way into his nostril, and after the description, which M. St. Pair has given of this insect, it has been found to be identical with that, which M. Chapins has observed to be hatched from one of the larvæ extracted from the nasal fossæ. This insect, which has been presented by M. Coquerel to the Biological Society belongs to the order of *Dipteres*, the family of *Muscides*, and must constitute a new species of the genus *Lucilia*; it is in this genus, that the *Lucilia* Cæsar, so common in France, and which deposits its eggs on decomposing animal and vegetable matter, is found. M. Coquerel

gives the name: *Lucilia hominivorex* to the murderous insect. Observations of a similar nature are recorded in the *Archives Générales*, *Gazette Hebdomadaire*, etc., etc.

BUSY TIMES AT HAND.

In a few weeks the stillness which now reigns in our medical institutions, will be succeeded by the usual bustle and preparation for the winter's work, and then your correspondent will be able to give more interesting facts and news regarding the cultivation and progress of science in our Metropolis.

GOTHAM.

Periscope.

FOREIGN.

Osteogenesis.—The *Lancet* says: Mr. Collier, who has investigated so largely respecting the generation of bone by the periosteum, wished to ascertain whether the dura mater might be considered as having a share in the formation of bones of the cranium. Flaps of dura mater, engrafted into the axilla and groins of animals, give rise to small and well formed bones, with all the anatomical characters of normal osseous substance.

This property of the dura mater is a great deal more apparent with the young than with the old.

The Microscope before the Anatomical Society of Paris.—(*Lancet.*) Dr. Gallard, secretary to the society, has, in his report upon the transactions of the society for 1858, examined the promises held out by the microscope. He finds that hardly any have been fulfilled, especially as regards the cancer-cell. Mr. Gallard does not concede that heteromorphous matter ever exists in the human frame, and does not believe that tubercular or cancerous deposits are substances differing entirely from normal tissues. He lays particular stress, whilst passing in review the pathological preparations which were brought before the society in the course of the year, on twenty-six cases of cancer, upon only six of which the cancer-cell was found. He sarcastically alludes to the fact that microscopists have gradually receded from the cell to the nucleus, and from the nucleus to the nucleolus, driven, as they were, by the difficulty of finding any

characteristic element in morbid textures. The author concludes that, in the present state of anatomy, and especially histology, no criterion exists by which to distinguish malignant from non-malignant tumors.

Cancer of the Tongue Removed by the Écraseur.—The following account of this operation by Chassaignac, is given by the French correspondent of the *Lancet*:

One end of the chain was introduced through an opening in the integument just above the hyoid bone, passed through the floor of the mouth between the side of the tongue and the teeth, then over the upper surface of the tongue in front of the epiglottis, and down on the opposite side to the opening in the integument, by which it had entered. The chain was now drawn tight, and shortened to the extent of a link every half minute. Thus the parts from the base of the tongue to the hyoid bone were divided. The tip of the tongue was now removed by the *écraseur*, and then, the chain having been re-adapted, the remaining portion of the organ was removed by dividing its attachment to the gum and lower jaw.

The operation lasted thirty-five minutes; not one teaspoonful of blood was lost; and after the first pang, consequent on drawing tight the chain, the patient did not appear to suffer severely. An easy passage for the chain of the *écraseur* had been prepared by the introduction of an elastic tube.

Vaccination in Syphilis.—Sometime ago we alluded to the fact that vaccination had been recently extolled as exerting a curative influence over the lues venerea. This mode of treatment demands that the patient should be vaccinated some 20 or 30 times, which, of course, can only be done within a certain limited period of time.

There is very little additional information that we can give upon this discovery. Shortly after the appearance of the first publication upon the subject, several claimants for the honor of the discovery (supposing that one was made!) appeared, and carried on quite a bitter war of words. From the numerous articles which have been written, it would appear that there is some truth in the assertion of the efficacy of frequent vaccinations in this disease.

There have been different theories advanced to account for this curative action. The most

plausible seems to be, that the numerous *loci suppurandi* serve as eliminatory foci.

A New Disinfectant.—At the meeting of the Academy of Sciences of Paris, of the 18th July, (*Gazette Hebdom.*, July 29,) MM. Demeaux and Corne, two former internes of the Hospice de la Charité, made a report on a new disinfectant, which, if all that is claimed for it is true, is destined to effect a great amelioration in the treatment of ulcers, abscesses, flesh wounds, etc. The object of the discovery is the complete and instantaneous disinfection of animal matter. They claim that it arrests decomposition, and effectually prevents the generation of insects. The following is the formula given by the inventors:

Plaster, of commerce, reduced to a fine powder, 100 parts.

Coal-tar, one to three parts.

The mixture of the two substances is effected with ease by the aid of a mortar, or any other appropriate mechanical means. The mode of application is the following: A certain quantity of the powder is diluted with olive oil to the consistency of paste, or ointment, which is of a dark brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case no pain whatever is produced; on the contrary, the salve has a deterrent action, cleanses the sore, and favors cicatrization. MM. Corne and Demeaux state that the composition may be applied in the form of a poultice, or on cotton, and laid on the wound. They demonstrate that their mode of dressing possesses the double property of disinfecting morbid products, and of absorbing their liquids. The last circumstance entirely obviates the necessity of lint, which is an important feature of the discovery. The communication was referred to MM. Chevreul, Velpeau and J. Cloquet.

At the meeting of the 25th of July, M. Velpeau made a report of his experience with the new disinfectant, during the short time that had elapsed. He was quite favorably impressed with it, having applied it to several cases in which the discharges from ulcers or wounds were highly offensive, with the effect of immediately correcting the odor, and im-

proving the appearance of the wounds. The testimony of others was also given in favor of the new disinfectant.

At the succeeding meeting of the Academy, (Aug. 8,) the subject was again brought up, and a report read from Baron Larrey, Surgeon in Chief to the Army of Italy, who had a trial made of the new disinfectant, and who reports favorably in regard to it. It would seem to be worthy of the attention of the profession of this country.

Dr. Wordsworth reports, in the *Lancet*, the cure of a large cyst of the orbit by injection of tincture of iodine. The tumor projected from the orbit, and seemed blended with the eyeball. A long curved incision was made, corresponding with the concave margin of the orbit, from which a considerable amount of glairy fluid escaped. Its connections were so extensive that its removal was considered impracticable. After emptying the cavity, a strong alcoholic solution of iodine was introduced into the cavity by means of lint on a probe. Some discharge occurred for a few days, but was soon followed by complete closure of the wound and obliteration of the sac.

Ascarides.—The *Med. Times and Gazette* says:

M. Bourgeois d'Etamps asserts that the introduction of mercurial ointment into the rectum has never failed to effect the destruction of these animals, in all the numerous cases in which he had tried it; and he adds that it was only in those cases in which other remedies had failed, that he had used it. In the case of a child, the mother is directed to introduce into the rectum, as high up as possible, a piece of the ointment on the end of the finger. A grown up person can do it for himself. All itching, etc., at once ceases, but it is advisable to repeat the injection three or four times. The small quantity of ointment requisite for the destruction of these animals is really astonishing.

No doubt the gylsters of M. Legroult, in which the mercurial ointment is held in suspension, act in a similar way; but they are more complicated in use. M. Bourgeois d'Etamps suggests that, at all events, if the mercurial ointment is thus used, it might be dissolved in oil, and so injected. Be this as it may, its direct action is so marked as a destroyer of ascarides, as to place it, in his opinion, above all other remedies.

AMERICAN.

New Cement for the Teeth.—At the late meeting of the American Dental Convention at Niagara Falls, (*Dental Register of the West*,) Dr. Isaiah Forbes, of Missouri, read a communication from Mr. Enno Sander, a Chemist of St. Louis, proposing a new composition for a cement. It consists of two materials, which, mixed together produce a firm plastic mass.

No. 1. The powder; consists of—

| | |
|--------------------------------|----------|
| Freshly calcined oxyd of zinc, | 9 parts. |
| Finely powdered borax, | 1 part. |
| Finely powdered silex, | 2 parts. |

All mixed well together.

No. 2. The liquid; is merely a concentrated solution of chloride of zinc in the smallest possible quantity of silicate of soda, or soluble glass.

The above cement might be found useful for many purposes in the office of the physician.

Whooping-Cough.—We would remind our cotemporary the *Semi-Monthly Medical News*, that the application of blisters to the back of the neck in whooping-cough has been practiced by American physicians for many years, and with marked benefit. This method of treatment was originally recommended, we believe, by Dr. R. L. Madison, of Virginia, and will be found noticed in Wood's Practice of Medicine. It is more than probable that "Harvey A. Hall, Surgeon Accoucher to the Royal Pimlico Dispensary," was indebted to Dr. Madison for the information which led him to employ this mode of treatment, and he should have had the magnanimity to acknowledge it.

Pirogoff's Operation.—We would inform Dr. Weber of the *Cleveland Medical Gazette*, that this operation has been performed a number of times in this city. Dr. Pancoast has made it on several occasions the subject of clinical observation at the Pennsylvania Hospital, and a brief account of it has been published in the pages of this journal. The profession of this country is, however, indebted to Dr. Weber for the more elaborate account which he publishes of the operation, in the *Gazette*, and it doubtless deserves more attention than it has hitherto received in this country.

Bael-Fruit in Dysentery.—At the meeting of the Medico-Chirurgical College of New York, of July 28th, (*American Medical Monthly*.) Dr. A. K. Gardner called the attention of the members to the Bael-fruit, the product of *Egle Marmelos*, order *Aurantiacæ*, of East Indian origin. "When ripe, the fruit is of the size of a large orange, and of a light-green color. The outside is as hard and thick as a cocoanut, requiring as much force to break it. The interior resembles the pulp of an orange, and is of a light-pink color. It is rarely eaten, but a tea is made by scraping out the soft interior and pouring boiling water upon it, which, when cool, forms a most delicious flavored drink, without the addition of sugar or any foreign ingredient, and especially grateful to the feverish thirst of those ill with febrile symptoms, not unfrequently attendant upon dysenteries. Drank thus, it has a slight acid flavor; it is also mucilaginous, being of a thick, syrupy consistence, and possesses an astringent character of scarcely perceptible nature. The fruit is dried for preservation, and, broken up, is placed in bottles, as here presented. The exquisite flavor reported to characterize the decoction of the fresh fruit is lost in drying, or at least as seen here; and we have a slightly acid and otherwise unobjectionable taste in the preparation. * * * The direction for its preparation is given as follows: Take one ounce of Bael fruit and one pint of water; boil over a gentle fire until half is evaporated; strain, and give a wine-glassful whenever the patient is thirsty. The dose for children will vary from a tea-spoonful to a table-spoonful. An extract is also made of the consistency of tar, which has a slight empyreumatic flavor, not particularly agreeable. It is also dried in slices, being the same preparation, in a different form.

It is not proposed to use this to the exclusion of other medicines, but as an adjuvant of considerable utility, not only as an astringent, but as a febrifuge. Should the dysentery depend upon or be associated with any scorbutic tendency, the citric acid in this fruit is well adapted, and it is perhaps to this quality that a great part of its much-vaunted success in Calcutta and the Indies generally is to be attributed."

Wet feet are some of the most effective agents death has in the field. It has peopled more graves than all the gory engines of war. Those who neglect to keep their feet dry are suicides.—*Abernethy*.

Inversion of the Uterus.—Dr. O. C. Gibbs, of Frewsburg, N. Y., says, in a summary of Medical Journalism in the *Am. Med. Monthly*, that the result of the last year's practice has been one of encouragement and hope for those unfortunate females afflicted with uterine inversion. Dr. White, of Buffalo, has successfully accomplished reduction after six months. (See *American Journal of Medical Sciences* for July, 1858.) Dr. Potter, of Geneva, N. Y., has reduced two cases, one of fifteen months' duration. (See *Chicago Medical Journal* for June, 1859.) Dr. W. Tyler Smith, of London, has successfully accomplished reduction after nearly twelve years. (See *Transactions of the Royal Medico-Chirurgical Society of London* for 1858.) Hereafter, it is to be hoped that no woman will be abandoned to her fate, of however long standing may be the inversion.

Treatment of the Asphyxia caused by Chloroform.—Dr. Cyrus B. Smith, of Pittsfield, Mass., writes as follows to the *Boston Medical and Surgical Journal*. I noticed in a late number of the *Philadelphia Medical and Surgical Reporter*, the statement that Langenbeck, of Berlin, successfully performed the operation of tracheotomy for asphyxia and apparent death from chloroform; hence the following.

During the past winter, I have had occasion to perform a number of experiments upon animals—cats and dogs principally. To reduce the animals to a state of get-at-ability, and to prevent interruption to my operations, I have generally administered chloroform; but, to produce complete anaesthesia, particularly in a cat, necessitates very large doses; and I often found that, when I had arrested all the voluntary motions of the animal, the effect was made permanent by the stoppage of the involuntary motions. I observed, too, when the animal lay upon its back, while under the full influence of anaesthetics, that the respiration was often stopped, or else impeded; and when it lay upon its breast, with the mouth turned downward, this did not happen. I could find no explanation for this, except upon the supposition that the tongue fell backward from its natural position, in such a manner as to close the air passages leading to the lungs, thus preventing the entrance of air into the organs of respiration. I have never noticed this, while the animal possessed any voluntary motion, or power sufficient to

hold the tongue in its normal position during respiration. Often, too, when an animal stopped breathing, respiration was immediately resumed, if not too long stopped, by drawing the tongue forward with forceps, partly out of the mouth, and sometimes resorting to artificial respiration. Since the learning of this fact, when performing experiments upon such subjects, I have always confined the tongue partly out of the mouth, and by so doing my animals always live, unless they die from causes extraneous to the results of anaesthesia. I think, if due attention is given to these facts, that most, if not all, of the animals which die by anaesthetic cause, during experiments, may be saved; which is a great desideratum, in the neighborhood of an experimenter or a medical college, where numerous experiments render it difficult to obtain them.

Now, was tracheotomy necessary in the case in which Langenbeck operated? I think not, and its success adds to the truth of this assertion. If he had drawn the tongue forward, partly out of the mouth of his patient, I think the result would have been the same. What other explanation for the success of the operation can be given? I am not aware that pseudo-membrane, or other obstruction, is developed in the air-passages by the administration of anaesthetics. The obstruction must have been between the mouth and cricoid cartilage, and, without doubt, that obstruction was the tongue.

Generally, patients undergoing any operation, from the extraction of a tooth to the amputation of a limb, while under the influence of anaesthetics, are either placed horizontally upon the back or in a reclining position, so that if the patient lose all muscular power, the tongue would naturally fall downward and backward—thus preventing the passage of air, which requires but little change in the position of the tongue. It is not often that we hear of the death of a patient, while possessing any voluntary power.

I think one reason why ether is less fatal than chloroform, is that the anaesthetic effect of ether is not often pushed to the extent to which chloroform is given, ether being less powerful in effect than chloroform.

I am surprised at the want of knowledge in the medical profession upon these simple facts; and I am satisfied that many of the deaths of persons thus asphyxiated by anaesthetics, might have been prevented by a knowledge and application of them.

Medical News.

Many of the private courses for medical instruction in this city have begun and are, for so early in the season, well attended. The classes at the hospitals are increasing, and the favorite haunts of the student, such as College avenue, which might be appropriately called *Student's Commons*, are again frequented.

Some of the private and independent courses of lectures are exceedingly valuable to the student as preliminary to the regular college term. Such independent lectures have of late been more popular with students than the organized associations for teaching.

The private anatomical rooms are open, with daily lectures on anatomical subjects. The same, or greater facilities for this pursuit, are offered earlier in the season than during the college term. This is a very appropriate time for attending to this important specialty, as it is quite impossible during his attendance on the lectures at the college for the student to devote sufficient time and attention to it, without neglecting other branches. Another advantage of the present season for this object is, that the days being still long, sufficient time can be had for dissection during the daylight.

We cannot allude to the subject of practical anatomy without desiring to impress on the student its transcendent importance during his collegiate course; any other study can with more convenience be prosecuted after graduation, and in most localities, particularly in the country, the study of anatomy would be entirely impracticable.

There are also lectures on other important fundamental branches, and on operative surgery, pathology, microscopy, etc.

The wards of the Pennsylvania Hospital are particularly interesting at this time, from an unusual number of traumatic cases, owing to the great activity of business of the season, increasing building, travel, manufactures, and everything which brings steam machinery into use. The Philadelphia Hospital has some of its wards well crowded. The venereal department contains about a hundred patients. The mortality of the institution, which is from two to three a day, presents a valuable opportunity for pathological observation.

There are, thus far, indications of large medical classes for the coming winter. The general prosperity of the country will have a favorable influence on the number of students,

and from their early appearance in our midst, we predict classes in size without precedent.

The "Nightingale."—In a recent number we expressed some doubt as to the success of this floating hospital in the Lower Bay of New York. We are pleased, however, to learn that the Commissioners of Emigration have had the discernment to employ competent advice in arranging the vessel for hospital purposes, and have appointed a capable man to take charge of her. The *Nightingale* is anchored nineteen miles from the Battery. Dr. Elisha Harris has the charge of the hospital, residing on board. He writes us that the experiment of a floating hospital bids fair to be eminently successful. He says, "We have not lost one in ten of our cases of yellow fever, and in the treatment of cholera and typhus, I boldly predict unprecedented success, owing to the perfection of arrangements for ventilation and cleanliness."

Epidemics.—There are some slight indications of another general epidemic of cholera. It has passed from Hamburg to England, and some cases have occurred in Paris, but the number is quite small. The disease is very prevalent and fatal in some portions of India, 683 persons having fallen victims to it in Bombay between the 2d and 22d of June.

Yellow-fever has been kept wonderfully in abeyance the past summer. We have not seen the report of a single case in New Orleans, and all parts of our country have escaped its ravages. It has prevailed, however, at some of the South American and West Indian sea-ports, and several vessels have suffered severely from it. A few cases have been quarantined in New York.

The "Whitney Case" "drags its weary length" through the *American Medical Monthly*. The number for Sept. contains letters from Professors J. Hughes Bennett, of Edinburgh, and Carl Rokitsansky, of Vienna, two of the most eminent pathologists in the world, both of whom oppose the idea that Mr. Whitney's death was caused by Dr. Green's use of the probang. We doubt whether on the whole, Dr. Green's reputation has been damaged much by this case, as fierce as the onslaught upon him was in the first instance. By the way, we perceive that Rokitsansky does not compliment those who made the post-mortem examination. He says that the whole report is very defective, inasmuch

as a complete dissection was not made, and that the description of the cavity was very imperfect.

We are sorry to learn that an animosity that had for a long time existed between Drs. Choppin and Foster, of New Orleans, resulted in a personal encounter on the 27th ult., at the gate of the Charity Hospital of that city. Several shots were exchanged, though Dr. Foster had the advantage of Dr. Choppin in the kind of instrument used, and the latter received two or three wounds, while the former escaped unhurt. Dr. Choppin, we are glad to say, from last accounts, appears likely to recover from his wounds.

The *Boston Journal* says: "Among the unpublished manuscripts of the late and much lamented Dr. Wm. A. Alcott, was one bearing the following unique and suggestive title: 'Forty Years in the Wilderness of Pills and Powders, or the Cogitations and Confessions of an Aged Physician.' It bears the marks of having been added to up to within a week of the decease of the venerable author. It may with propriety be called his Medical Autobiography, and is a work of quite remarkable character, being filled with facts and anecdotes of rare interest. It will doubtless have a large sale when published. We are informed that Messrs. John P. Jewett & Co. have the work in press, and will issue it at an early day."

Although a very excellent and well meaning man, Dr. Alcott was a very eccentric one, and too much a man of one idea to do justice to a strictly medical subject. We have no doubt that his book will be a "readable" one, but we do not anticipate that it will present the "facts" and "anecdotes" that came under his observation during the forty years that he wore the title of M. D., in a manner that will be fair and just to medicine as a science.

Dr. Julien Xavier Chabert, the celebrated "fire-king," died recently, in New York. He first attracted attention in that city about the year 1832, by his power to resist heat. Among his exploits, was entering an oven and having it heated sufficiently to cook beef steaks at his feet. He was a singular, eccentric man, entirely uneducated, except having a little knowledge of chemistry, though he was something of an imposter, even in this. He professed to

be a consumption curer, and once sent us for publication, a polypharmic recipe, on which he placed great reliance in the treatment of this disease, of which the common ground-snail constituted an ingredient. We, however, declined his communications, and they were afterwards published in the Boston Medical and Surgical Journal. This was while it was under the editorial supervision of Dr. "Alphabet" Smith.

A family of nine persons was recently poisoned in New York, by eating bread in which, by a blunder of an apothecary, tartar emetic had been put instead of cream of tartar. All recovered.

The Medical Association of South Carolina has offered, through its executive committee, a prize of \$100 "for the best essay on a subject in any one of the departments of medical science. The essays must be handed to the Corresponding Secretary of the Association, in Charleston, by the 1st of January, 1860.

"The celebrated Dr. Von Moschzisker" has found his way to Cleveland, Ohio, where he is "spreading himself" desperately in the newspapers. If he does not succeed better there than he did here, he will soon have to wind up. There are some people in this city who would be much obliged to the gentleman if he would come back and "settle up" some "little bills" they have against him. Let the profession of the West keep the public apprised of his operations.

Yellow Fever Medals.—The Portuguese Government has issued two hundred medals to those who rendered the most efficient services during the epidemic at Lisbon, in 1857. They are impressed with the motto, "To Self-forgetting Humanity," and are to be worn suspended by a yellow ribbon.

Dr. Kitto, referring to his never having heard the voices of his children, thus pathetically speaks of his affliction of deafness:

"If there be any one thing arising out of my condition which more than any other fills my heart with grief, it is this, to see their blessed lips in motion and to hear them not, and to witness others moved to smiles and kisses by the sweet peculiarities of infantile speech which are incommunicable to me, and which pass by me like the idle wind."

☞ We call attention to the advertisement offering the sale of a favorable location for practice and drug business in this city.

TO CORRESPONDENTS.—*Mr. E. de W. B., Pa.*—The Naval Medical Board assigns to each candidate a subject upon which he is to write, and gives him no time to consider it before commencing the work.

If candidates were permitted to select the subjects, they would present premeditated essays, which would be indicative of industry, but not a test of readiness in writing, or of extent or accuracy of previously acquired knowledge.

The same principles govern both the oral and written examinations—to take slices of the candidates, information from various parts of its mass, and from such extracted samples, judge the quality of the aggregate.

MARRIAGES.

OTIS—COOKE.—At Catskill, N. Y., Aug. 31st, Fessenden N. Otis, M. D., to Miss Frances H. Cooke.

DEATHS.

CORSON.—At Trenton, N. J., Aug. 29th, George Robert, son of Dr. Thomas J. and Mary K. Corson, in the third year of his age.

PHILADELPHIA SCHOOL OF ANATOMY,

At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those of the Colleges.

There are two large dissecting rooms, well ventilated and amply supplied with gas, water, and material. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on special and surgical anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, \$10.

D. HAYES AGNEW, M. D., Lecturer,
No. 16 North Eleventh street.

DEMONSTRATORS.

J. T. DAREY, M. D.

R. J. LEVIS, M. D.

ROBT. BOLLING, M. D.

D. D. RICHARDSON, M. D.

151

W. M. FLYNN, M. D.

TO PHYSICIANS AND DRUGGISTS.

A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

CHAS. ELLIS & CO., Druggists,
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